

## HEALTHY CONNECTIONS PRIMARY CARE CASE MANAGEMENT (PCCM) FREQUENTLY ASKED QUESTIONS

Question	Answer
<b>What is a Patient Centered Medical Home (PCMH)?</b>	PCMH is an approach to providing comprehensive primary care for patients. This model focuses on prevention and coordination of care for all patients. The PCMH coordinates care for the “whole person” including medical, behavioral and social needs. In this model patients and families are encouraged to be more engaged in their care and improving their overall health.
<b>What does it mean to me to be in a PCMH?</b>	A PCP that uses PCMH methods to provide care to you will have care coordination to help connect you to other necessary services as well as medical services. They provide a higher level of access and will work with a team approach to your care, with you as an important and central part of the team.
<b>What does my ‘Network’ or ‘Tier placement’ mean?</b>	A provider is placed in the appropriate network based upon criteria that include expanded patient access, transformation to and recognition as a Patient Centered Medical Home (PCMH). There are four Networks or Tiers with increasing levels of adherence to the Patient Centered Medical Home model of care.
<b>Do I get better care at a PCMH?</b>	We feel all our PCPs provide good care, but it is a different method of providing care in a PCMH. It utilizes a team of providers including specialists, care coordinators and other provider types to address your health concerns with you as part of the team.
<b>How do I select a primary care physician or provider (PCP)?</b>	Healthy Connections manages the enrollment of patients in the program. Enrollment information is sent to you upon becoming eligible for Medicaid. You can enroll with a provider at your provider’s office or you can contact our customer service number at 1 (888) 528-5861. You may also go to <a href="http://www.livebetteridaho.org">www.livebetteridaho.org</a> to find a participating PCP in your area. If you do not select a PCP, Healthy Connections will make an assignment based on previous patient-physician relationships, location, or other factors. You can subsequently change your PCP assignment under certain circumstances and within certain timeframes.

Question	Answer
<b>If I do not select a PCP within the allotted time frame, what will happen?</b>	If you do not select a primary care physician, one will be assigned to you by Healthy Connections. Criteria used in making the assignment are previous or existing patient-provider relationships, family-provider relationships, and geographic access. If you do not establish care with your assigned PCP you may experience delays in receiving services and referrals. If you are dissatisfied with your assignment, you may request a change by contacting Healthy Connections at 1 (888) 528-5861.
<b>What does 'establish care' mean?</b>	If you are enrolled with a PCP that you have never seen before, it is important that you make an appointment with them, so they have you in their records as a current patient. If not, when you may need a referral from them, they may choose not to give the referral. If you have no health issues that require a visit to your PCP, Medicaid provides a yearly Wellness benefit for all Medicaid adults and children. Depending on age, children may be eligible for multiple Wellness visits per year. Participation in a Wellness visit with your PCP will establish care.
<b>How frequently can I change my PCP?</b>	<p>Healthy Connections participants will be enrolled based on a fixed enrollment process. A set period of time is designated during the year when participants are allowed to change their PCP without cause. This is commonly known as the "annual enrollment period". Fixed enrollment encourages a long-term provider-patient relationship resulting in the participant receiving a consistent source of care, provides for better patient outcomes and supports the value-based model of care. Participants or their authorized representatives are allowed to initiate a change without a special circumstance when it is:</p> <ul style="list-style-type: none"> <li>*The annual enrollment period during January and February;</li> <li>* Within the first ninety (90) days of enrollment with a <i>new</i> HC service location/clinic;</li> <li>* Due to automatic re-enrollment and the participant misses any part of the annual open enrollment period; or</li> <li>* A different service location/clinic within the HC Organization (same Tax ID).</li> </ul>

Question	Answer
	<p>Participants are allowed to initiate a change under the following special circumstances during the Fixed Enrollment Period:</p> <ul style="list-style-type: none"> <li>* Participant requests different PCP than one assigned by the Department within the past 12 months;</li> <li>* Participant moved outside of the PCP's service area;</li> <li>* Participant requests change because the PCP does not, due to moral or religious reasons, cover the service the participant seeks;</li> <li>* Participant requests different PCP to allow members of a household to be enrolled with the same PCP (one medical home);</li> <li>* Participant requests change due to changing to/from a specialty provider (i.e., OB/GYN, Pediatrics, etc.);</li> <li>* Participant chooses to follow PCP to a different HC organization, to maintain the existing relationship with the PCP;</li> <li>* Participant requests change due to poor quality of care, as verified by the Department;</li> <li>* Participant requests change due to lack of access to covered services, as verified by the Department;</li> <li>* Participant requests change due to lack of access to providers experienced in dealing with the participant's health care needs, as verified by the Department;</li> <li>* Participant requests change in PCP due to foster care placement;</li> <li>* Participant requests different PCP due to incompatible primary insurance coverage;</li> <li>* Participant requests change due to a provider determining related services are not available within the provider network and would result in putting the participant at unnecessary risk to receive services separately;</li> <li>* Participant requests change due to administrative error of the Department; or</li> <li>* Other reasons determined to be acceptable by the Department.</li> </ul>
<p><b>If I change my PCP, when will the change become effective?</b></p>	<p>Requests to change providers will be verified and approved if they meet Fixed Enrollment criteria. A request to change is not guaranteed and may not be acted on immediately.</p>

Question	Answer
<b>Who is allowed to make changes to my Primary Care Provider?</b>	Changes in enrollment are to be submitted by the participant or an authorized representative. HC clinics may submit HC enrollment forms on behalf of a participant, as long as the enrollment form is completed and signed by the participant or an authorized representative.
<b>What if I move away?</b>	You may go to <a href="http://www.livebetteridaho.org">www.livebetteridaho.org</a> to find a participating PCP in your new location. You may also contact Healthy Connections at 1 (888) 528-5861 for assistance in finding a new primary care provider. If you do not contact us, your enrollment with the previous PCP will remain the same and could cause access to care issues in your new location.
<b>Do I need a referral for emergency medical care?</b>	No. You may seek medical care at any location and have care rendered immediately without the need for a referral. Follow-up, non-emergency care will require a referral.
<b>When are referrals required?</b>	If you seek medical treatment from a provider other than the PCP you are enrolled with, you will most likely need a referral. Referrals are generated by your established Healthy Connections provider. Some services do not require referrals. For a complete list of services that do not require referrals, you can find them online at <a href="http://Healthyconnections.idaho.gov">Healthyconnections.idaho.gov</a> . On the right side of the page, under <i>Participant information and forms</i> , you will find the Idaho Health Plan Booklet. This is your resource for most questions you have about Medicaid including Healthy Connections.
<b>What if I need to see another provider or a Specialist and I have not obtained a referral from my PCP?</b>	Prior to treatment, the provider or specialist must have a referral from the PCP with whom you are enrolled. Should you continue with the services without the referral, you may be responsible for the costs incurred. The provider may only bill you if the provider has notified you of your responsibility to pay, in writing, prior to rendering services.
<b>I still have questions, who do I call?</b>	If you have any questions about Healthy Connections, PCMH or your primary care provider, you can contact Healthy Connections at 1 (888) 528-5861 and someone will be able to assist you.

Question	Answer